

LUNCHTIME BOOKING FORM

YOUR NAME	
CONTACT TELEPHONE No.	
EMAIL ADDRESS	
YOUR CHILDS NAME/S	
YOUR CHILDS CLASS/ES	

Please highlight the dates that you wish to book lunches for your child

This booking form is for bookings from 22nd February - 1st April

	FEBRUARY/MARCH						
Monday	22	1	8	15	22	29	EASTER BREAK
Tuesday	23	2	9	16	23	30	
Wednesday	24	3	10	17	24	31	
Thursday	25	4	11	18	25	1st	
Friday	26	5	12	19	26		

Please identify your chosen lunch option

HOT MEAL	<input type="checkbox"/>	PACKED LUNCH	<input type="checkbox"/>
VEGETARIAN HOT LUNCH	<input type="checkbox"/>	VEGETARIAN PACKED LUNCH	<input type="checkbox"/>

SHOULD YOUR CHILD HAVE ANY SPECIAL DIETARY REQUIREMENT OR FOOD ALLERGIES PLEASE CONTACT JASON STUBBINGS OUR CHEF MANAGER AT THE SCHOOL

**Please return this booking form in an envelope,
WITH YOUR PAYMENT, back to the school reception.
Number of meals booked x £2.10**

MEALS REQUIRED	<input type="text"/>	@	£2.10 per meal	=	TOTAL PAYMENT	£	-
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PAYMENT DETAILS - please indicate by which method you are paying

CASH	<input type="checkbox"/>	
CHEQUE	<input type="checkbox"/>	Made payable to ASPENS SERVICES LTD (please put the child/children's name on the back) minimum payment £20
INTERNET	<input type="checkbox"/>	Sort Code 40-47-17. Account No. 82532670: Beneficiary Ref: Child's surname and initial PLEASE ATTACH A COPY OF THE BANK RECEIPT TO THIS FORM AS PROOF OF PAYMENT
EMAIL	<input type="checkbox"/>	You can email this form back to amanda.ashmore@aspens-services.co.uk with proof of payment attached, e.g. banking reference number

We cook our meals freshly each day - so if your child is absent - please call immediately, and refunds will be given from the second day. Telephone 01223 712333 ext 218 (during term time)